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## U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT Office for Afghanistan and Pakistan Affairs

### INITIAL ENVIRONMENTAL EXAMINATION Amendment 2

#### PROGRAM/ACTIVITY DATA

Country Code and AO: 306-002  
 Development Objective: Health Outcomes Improved  
 Program Objective: Investing in People  
 Program Area: Health  
 Program Element: Family Planning & Reproductive Health, Maternal and Child Health, Other Public Health Threats, Tuberculosis, Nutrition.  
 Country or Region: Afghanistan  
 Activity Name: Integrated Health Services & System Strengthening Program, Phase 1 (IHSSSP 1)

Funding Begin: o/a 3/11/2014

Funding End: o/a 12/31/2020

LOP Amount: \$423,602,520

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Date: 8/20/2014

IEE Amendment (Y/N): Yes Previous IEEs #: Original IEE: OAPA-13-APR-AFG-0033,  
OAPA-14-JAN-AFG-0019

#### ENVIRONMENTAL ACTION RECOMMENDED: (Place X where applicable)

Categorical Exclusion	<input checked="" type="checkbox"/>	Deferral	<input type="checkbox"/>
Positive Determination	<input type="checkbox"/>	Negative Determination	<input type="checkbox"/>
Negative Determination With Conditions	<input checked="" type="checkbox"/>	Exemption	<input type="checkbox"/>

#### 1.0 PURPOSE

The purpose of this amendment is to:

- 1) Clarify the environmental procedures in the nutrition implementing mechanism, which follow the procedures of the Department of Foreign Affairs, Trade and Development, Canada;
- 1) Add the Leadership, Management and Governance (LMG) project.

- 2) Add a UNICEF PIO Grant to improve maternal, infant, young child, and adolescent nutrition.
- 3) Add a UNFPA PIO grant to support evidence-based decision-making and the portfolio's research base.
- 4) Delete the Strengthening Private Sector Systems project.
- 5) Revise the off-budget breakdown of the project total estimated cost and the project total estimated cost to \$424 million.

**On-budget Component (Total estimated funding \$237 million)**

The on-budget mechanism encompasses service delivery, technical assistance to the MoPH and program support. It will be implemented through the World Bank-managed Afghanistan Reconstruction Trust Fund (ARTF) and will be beyond the direct control of USAID. The budget for this portion remains the same at approximately \$237 million.

**Off-budget Component (Total estimated funding \$186 million)**

Total funding for the off-budget component was adjusted to approximately \$186 million. The project areas and illustrative activities were updated and are reflected below in entirety:

**Project Area (Result) 1 – Afghan ownership to ensure an effective health response strengthened**

Under this project area, IHSSSP focuses on strengthening Afghan ownership of the health system to effectively respond to emerging and ongoing health priorities. This will be achieved by strengthening the health systems and governance capabilities of the public and private sectors, and by ensuring the policy and regulatory environment are conducive to achieving health-related goals. There are two sub-project areas, *Health systems strengthened* and *enabling environment for the provision of high-quality health care improved*.

Illustrative activities for Project Area (Result) 1 include:

- Strengthen human resources, especially the recruitment and retention of skilled female providers such as midwives.
- Continue to strengthen the capacity of the Health Economics and Financing Directorate (HEFD) including providing technical assistance in: advocacy, especially with the Ministry of Finance for tobacco, and other taxes; the institutionalization and organizational development to implement health insurance; the efficient use of resources; and testing, evaluating, revising and scaling-up health financing and revenue mobilization strategies and practices, including targeted user fees and provider payment mechanisms, strengthened budgeting processes, revised performance pay and incentive schemes, transportation vouchers, and other revenue generation options.
- Strengthen MoPH capacity to develop, advocate for, enact, and enforce policies, regulations, and laws to improve the enabling environment for health.
- Strengthen MoPH workforce planning, leadership and management training, capacity building, and human resource recruitment and staff retention systems.



- Continue to assist the MoPH Human Resources Department to develop and operationalize a comprehensive in-service training program.
- Assist the MoPH and contracted NGO providers with supply chain management capacity development to improve the quantification, ordering and distribution of essential medicines, and expand MoPH capability to provide improved oversight to encourage medicine safety and quality.
- Improve capacity and governance of the central and provincial MoPH to support the delivery of BPHS and EPHS services.
- Provide Technical Support to the MoPH to deliver In-Service Training.
- Continue training and capacity building support for MoPH staff in the operations and use of newly-installed applications and management systems, including data for decision making.
- Monitor the quality of pharmaceuticals and contraceptives locally-procured by NGOs through SEHAT.
- Monitor NGO compliance with international family planning norms of voluntarism and informed choice, and with USG statutory and policy regulations regarding abortion.

#### **Project Area (Result) 2 – Use of quality health services increased**

Increasing the utilization of quality health services is essential to accelerating the gains made to date and to achieving further reductions in maternal, infant and child mortality and morbidity. USAID will achieve this outcome by building on and consolidating effective activities in support of the MoPH's standardized BPHS and EPHS packages, and by increasing the adoption of optimal health practices by individuals and families. Through IHSSSP, USAID support to the BPHS and EPHS will continue in 13 provinces and expand under ARTF/SEHAT to all 34 provinces, in collaboration with the MoPH, World Bank and EU. There are two sub-project areas, *Equitable provision of health services enhanced* and *Healthy behaviors adopted*.

Illustrative activities for Project Area (Result) 2 include:

- Improve quality and access to health services at facility and community level.
- Improve MoPH capacity to identify and/or scale up innovative approaches to address challenges to access such as the use of Family Health Houses or Maternity Waiting Homes, and the introduction and scale-up—in partnership with others—of innovative family planning interventions.
- Scale-up and strengthen community-based behavior change and health care delivery activities (Family Health Action Groups, post-partum hemorrhage/provision of misoprostol, Community-based Integrated Child Survival Package, Community IMCI) nationwide.
- Conduct qualitative research and analysis to support evidence-based decision-making, bolster the Health Team's research base, and strengthen USAID engagement in the family planning sector.
- Provide technical assistance to the MoPH Health Promotion Department to strengthen capacity to develop appropriate health messages, change health behaviors, mobilize communities around health, partner with other Ministries (MAIL, MRRD) to encourage male involvement (e.g., through Agricultural Extension Workers, health *shuras*, male



CHWs), and mobilize influential rural and urban community level actors such as religious leaders, mothers-in-law, family elders, etc., to undertake effective health promotion activities in support of priority health objectives, programs and interventions, and to increase ownership of health.

- Provide technical assistance to improve maternal, infant, young child, and adolescent nutrition, survival and growth, through a variety of interventions.
- Provide selected technical assistance to the non-governmental organizations contracted by MoPH to deliver the BPHS/EPHS services, including provision of nutrition services.
- Improve training and deployment of new healthcare workers.

There are no additional changes in the scope of the project. All conditions, limitations and the stipulation for revisions established in the original IHSSSP IEE (see Attachment 1) remain in force throughout the extended life of project (LOP).

## 2.0 RECOMMENDED THRESHOLD DECISIONS

Project activities, the effects on the environment and Reg. 216 determination and actions required are summarized and updated in the table below. This includes a provision stating reliance on the Canadian Government's environmental procedures for the nutrition mechanism under this project. This table supersedes the environmental determinations from the IHSSSP IEE Amendment #1.

**Table 2: Environmental determinations of project activities**

Comp onent	Project Area	Mechanism	Activities	Effect on Natural or Physical Environment	Determination and Reg. 216 actions required
On- budget	N/A	System Enhancement for Health Action in Transition (SEHAT)	Various	Unknown	22 CFR 216.2 (c)(1)(ii): no action required  <i>NOTE: USAID will rely on the environmental procedures of World Bank and ARTF, approved on March 14, 2013, tracking # OAPA-13- MAR-AFG-0026</i>
<b>Project Area 1: Afghan ownership to ensure an effective health response strengthened</b>					

Off-budget	Sub-project Area 1.1 <i>Health systems strengthened</i>	Health Sector Resiliency (HSR)	Strengthen the MoPH at central, provincial, and district levels to better support the provision of quality health services to the Afghan people, including improving the MoPH's management and governance capacity.	No impact	§216.2(c)(2)(i): Technical assistance: no action required  §216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required
		Leadership, Management and Governance (LMG)	Improve capacity and governance of the central and provincial MoPH to support the delivery of BPHS and EPHS services.	No impact	§216.2(C)(2)(i): Technical assistance: no action required  §216.2(C)(2)(iii): Analysis, studies, academic or research workshops: no action required  §216.2©(2)(v): Document and information transfers: no action required
Off-budget	Sub-project Area 1.2 <i>Enabling environment for the provision of high-quality health care improved</i>	Family Planning, Maternal, Neonatal and Child Health (FP/MNCH) Technical Assistance	Improve the capacity of the private sector to provide an increasing range of quality health products and services, and the capacity of the MoPH to work with and regulate the private sector.	No impact	§216.2(c)(2)(i): Technical assistance: no action required  §216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required  §216.2(c)(2)(v): Document and information transfers: no action required
		Improving	Strengthen the Nutrition	No impact	§216.2(c)(2)(i):



		Nutrition Outcomes (DCAR)	Sector Development. Coordinate all GIRA, donor and civil society assistance and activities in nutrition in Afghanistan to encourage all nutrition assistance is effective, reflects best practices and builds capacity and sustainability in both the public and private sectors in Afghanistan.		<p>Technical assistance: no action required</p> <p>§216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required</p>
		Leadership, Management and Governance (LMG)	Provide Technical Support to the MoPH to deliver In-Service Training (IST)	Limited impact if Conditions adhered to	<p>§216.2(C)(2)(i): Technical assistance: no action required</p> <p>§216.2(C)(2)(iii): Analysis, studies, academic or research workshops: no action required</p> <p>§216.2©(2)(v): Document and information transfers: no action required</p> <p><i>Negative Determination with Conditions per 22 CFR 216.3(a)(3)(iii)</i></p> <p><i>Conditions:</i> 1. Disposal of medical wastes and expired medicines will follow USAID minimum acceptable standards as set forth in Sector Environmental Guidelines: Small Healthcare Facilities, September 2013, <a href="http://www.usaidgems.org/Sectors/healthcare/Facilities.htm">http://www.usaidgems.org/Sectors/healthcare/Facilities.htm</a> and will</p>

					<p>comply with <u>WHO Guidelines for the Disposal of Unwanted Pharmaceuticals in and after an Emergency</u>  <a href="http://www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf">http://www.who.int/water_sanitation_health/medicalwaste/unwantpharm.pdf</a>. These are the current guidelines used by the MoPH.</p> <p>2. Expired pharmaceuticals are delivered to the MoPH/GDPA for safe, controlled burning and burying in a designated burial pit approved by Afghan authorities. The amount of expired pharmaceuticals to be disposed is expected to be extremely low.</p> <p>3. Implementer will develop an Environmental Mitigation and Monitoring Plan to be submitted to and reviewed by the Mission Environmental Officer (MEO) and/or Regional Environmental Officer (REO). See Annex 1 for a template.</p>
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Project Area 2: Use of quality health services increased					
Off-budget	Sub-project Area 2.1 <i>Equitable provision of health services enhanced</i>	Family Planning, Maternal, Neonatal and Child Health (FP/MNCH) Technical Assistance	Support implementation and provision of quality health services with an emphasis on quality improvement and compliance with service standards.	No impact	<p>§216.2(c)(2)(i): Technical assistance: no action required</p> <p>§216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required</p> <p>§216.2(c)(2)(v): Document and information transfers: no action required</p>
		Improving Nutrition Outcomes (DCAR)	Support the implementation of nutrition services as defined within the BPHS, according to policies and guidelines (IYCF guidelines, maternal nutrition during pregnancy and post-partum)	Improper storage, management and disposal of expired medicines leads to environmental contamination and may pose health hazards	<p>§216.2(c)(2)(i): Technical assistance: no action required</p> <p>§216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required</p> <p><b>Negative Determination with Conditions</b> per 22 CFR 216.3(a)(3)(iii) Conditions: Disposal of expired medicines will follow USAID minimum acceptable standards as set forth in Sector Environmental Guidelines: Small Healthcare Facilities, September 2013, <a href="http://www.usaidgems.org/Sectors/healthcareFacilities.htm">http://www.usaidgems.org/Sectors/healthcareFacilities.htm</a> and will comply with <u>WHO Guidelines for the Disposal of Unwanted Pharmaceuticals in and after an Emergency</u> <a href="http://www.who.int/wate">http://www.who.int/wate</a></p>



					<a href="#">r_sanitation_health/medicalwaste/unwantedpharm.pdf</a> . These are the current guidelines used by the MoPH. Expired pharmaceuticals are delivered to the MoPH/GDPA for burning and burying in a designated landfill. The amount of expired pharmaceuticals to be disposed is expected to be extremely low
		PIO Grant to UNICEF	Improve maternal, infant, young child, and adolescent nutrition, survival and growth, through a variety of interventions including anemia prevention.	No impact	§216.2(c)(2)(i): Technical assistance: no action required  §216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required
		PIO Grant to UNFPA	Conduct qualitative research and analysis to support evidence-based decision-making and strengthen USAID engagement in the family planning sector	No impact	§216.2(c)(2)(i): Technical assistance: no action required  §216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required
Off-budget	Sub-project Area 2.2 <i>Healthy behaviors adopted</i>	Improving Nutrition Outcomes (DCAR)	Focus on prevention and health literacy, and efforts to increase community participation in, and ownership of, health promotion. Harmonization of messages, under the leadership of MoPH and Health Promotion Department promoting child survival and maternal health optimal practices.	No impact	§216.2(c)(2)(i): Technical assistance: no action required  §216.2(c)(2)(iii): Analysis, studies, academic or research workshops: no action required  §216.2(c)(2)(v): Document and information transfers: no action required

### **3.0 REVISIONS**

Pursuant to 22 CFR 216.3(a)(9), if new information becomes available which indicates activities to be funded by the Program might be "major" and the Program's effect "significant," or if additional activities are proposed that might be considered "major" and the effects significant, this IEE will be reviewed and revised by the originator of the project and submitted to the Bureau Environmental Officer (BEO) for approval and, if appropriate, an environmental assessment will be prepared. It is the responsibility of the USAID/Afghanistan Agreement or Contract Officer's Representative (AOR/COR) to keep the Mission Environmental Officer (MEO) and the BEO informed of any new information or changes in the activity that might require revision of the IEE.



## APPROVAL OF RECOMMENDED ENVIRONMENTAL ACTIONS

Integrated Health Services & System Strengthening Program 1 (IHSSSP 1), IEE Amendment 2

### CLEARANCES:

Date:

Acting Office Director Office of Social Sector Development	<u>cleared thru tracker</u> Xerses Sidhwa	<u>8/21/2014</u>
Acting Mission Environmental Officer	<u>Concurred by email</u> Andrei Barannik	<u>8-18-14</u>
Regional Environmental Advisor/Asia & OAPA	<u>Concurred by email</u> Andrei Barannik	<u>8-18-14</u>
Regional Legal Advisor	<u>OK, thru tracker</u> Betty Chung	<u>8/21/2014</u>
Executive Secretary	<u>OK, thru tracker</u> Heather Van Nurdén	<u>8/23/2014</u>
Acting Deputy Mission Director	<u>cleared thru tracker</u> Jeanne Pryor	<u>8/23/2014</u>
Mission Director (A)	<u>[Signature]</u> James Hope	<u>9/2/14</u>

### APPROVAL:

Bureau Environmental Officer/OAPA	<u>[Signature]</u> Gordon Weynand	<u>9/8/14</u>
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